

Exhibit 1

SECTION 3 - LIMITS, PROGRAM & COVERAGE

COMMERCIAL AUTOMOBILE LIABILITY AOS DEDUCTIBLE

POLICY NUMBER: CA 1606897

ISSUING COMPANY: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Policy Term: Effective at 12:01 AM 09/01/2007 to 09/01/2008

Combined Single Limit - Coverage Symbol(s) 01	\$300,000
Personal Injury Protection - (Per Insured's Selection) - Coverage Symbol(s) 05	REJECT-BASIC LIMITS WHERE REQUIRED
Uninsured Motorists/Underinsured Motorists - (Per Insured's Selection)* - Coverage Symbol(s) 02 *Not Available in Indiana, Ohio or Michigan	Options: (check applicable option): <input type="checkbox"/> 1.) Rejection where possible/minimum limits elsewhere <input type="checkbox"/> 2.) Policy limits where possible/maximum limits elsewhere <input checked="" type="checkbox"/> 3.) Minimum Statutory Single Limits

	Retained/Deductible/ Self Insured Retention	Applicable To
Automobile Liability, Including UM/UIM/PIP, If Any	\$300,000	Each Accident

Note: For Insured States, the limit of coverage as shown in this document include(s) the Deductible/Retention Limit layer amount(s) retained by the Insured.

SECTION 3 - LIMITS, PROGRAM & COVERAGE

EXCESS AUTOMOBILE LIABILITY

POLICY NUMBER: CA 1606900
ISSUING COMPANY: NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Policy Term: Effective at 12:01 AM 09/01/2007 to 09/01/2008

Combined Single Limit – Coverage Symbol(s)	\$9,700,000
Schedule of Underlying Insurance	\$300,000 EACH OCCURRENCE
UM/UIM and Personal Injury Protection	EXCLUDED

	Retained/Deductible/ Self Insured Retention	Applicable To
Automobile Liability, Including UM/UIM/PIP, If Any	\$9,700,000	Each Accident

Note: For Insured States, the limit of coverage as shown in this document include(s) the Deductible/Retention Limit layer amount(s) retained by the Insured.

Coverage Extensions and Exclusions		
Form #	Edition Date	Name
	Non-NCCI	
60226		Excess Liability Dec Page
60225		Excess Liability Coverage Form
61074		MI Amendatory Form
53820		Large Risk Rating Plan Endorsement (Short Form)
89644		COVERAGE TERRITORY ENDORSEMENT
VARIOUS		ALL MANDATORY STATE ENDORSEMENTS
Approved	Manuscript	Endorsement Number 1-Named of Employer
Approved	Manuscript	Endorsement Number 2-Excess UM Exclusion /VT Excess Coverage
Approved	Manuscript	Endorsement Number 3-Deductible Coverage Endorsement Form A

* EXCLUDED ENTITIES: HUGHES ELECTRONIC CORPORATION – ALL EMPLOYEES
EDS – ALL COVERAGES